



Application or Docket Number

12000

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997 026276													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA Tyf		ENTITY	OR	OTHEF SMALL	R THAN ENTITY	
FOR		N	NUMBER FILED			NUMBER EXTRA		RATE		FEE		RATE	FEE
BASI	C FEE	\$ · ·) ^				* * · · · · · · · · · · · · · · · · · ·	, e :	395.00	OR	*	790.00
TOTAL CLAIMS 100 minus 20 = *						x\$11	=	880	OR	x\$22=	17600		
INDEPENDENT CLAIMS \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						x41=	=	328	OR	x82=	65600		
MULTIPLE DEPENDENT CLAIM PRESENT							+135	=	133	OR	+270=	2700	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	_	1,734	OR	TOTAL	3476°°	
	CLAIMS AS AMENDED - PART II								•		OTHER THAN		
		(Column				olumn 2)	(Column 3)	SMA	LL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=	x\$11:	=		OR	x\$22=	
ME	Independent	nt *		Minus ***			=	x41=	=		OR	x82=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=	
	(Column 1) (Column 2) (Column 3)						(Column 3)	TOT ADDIT. F			OR ,	TOTAL ADDIT. FEE	
AMENDMENT B		CLAIN REMAIN AFTE AMENDI	MS NING ER		HI NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	** .		=	x\$11	=		OR	x\$22=	
	Independent	*		Minus	***		=	x41=	=		OR	x82=	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						AIM	+135	=		OR	+270=	
	(Column 1) (Column 2) (Column 3)						(Column 3)	TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
AMENDMENT C	* * * * * * * * * * * * * * * * * * *	CLAIN REMAIN AFTE AMENDN	NING ER		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	<u>-</u>	=	x\$11	=		OR	x\$22=	
	Independent	*		Minus	***		=	x41=	=		OR	x82=	
L ^A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													



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NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	026276	•

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	_ x	F≈	_
	Sm_/Lg			,		<u>Fee = </u>
Basic Filing Fee	201/101				Sm. Entity	Lg. Entity
Total Claims >20	203/103	100 -20 =	80			790°°
Independent Claims >3	202/102	-3 =	8	X 		1760
Mult Dep Claim Present	204/104	 -9		X		656 270°°
Surcharge	205/105					
English Translation	139		*.			130°°

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 3606

Less Filing Fees Submitted - 5

BALANCE DUE = $\frac{3606}{}^{00}$

Office of Initial Patent Examination